PTO/SB/17 (12-04v2)

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| FEE TRANSMITTAL for FY 2007 | | | | Complete if Known | | | | | |
|--|------------------------------|----------------------------|---------------------|---------------------------------------|---------------------------------------|------------|------------|----------------|--|
| | | | | Application Number 10/615,615 | | | | | |
| | | | | Filing Date | 7/8/2003 | | | | |
| | | | | First Named Inventor Kocken et al. | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Examiner Name C. Hibbert | | | | | |
| | (\$) 750.00 | | Art Unit | 1636 | | | | | |
| TOTAL AMOUNT OF PAYMENT | | | Attorney Docket No. | 2183-6041US | | | | | |
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| FEE CALCULATION | in P10-203 | 30. | | · · · · · · · · · · · · · · · · · · · | | + | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | |
| | | | | ARCH FEES | EXAMINATION FEES | | | | |
| | | Small Entity | _ | Small Entir | | | Entity | Face Daild (A) | |
| | Fee (\$) | <u>Fee(\$)</u> | | e(\$) <u>Fee(\$)</u> 250 | <u>Fee(\$)</u> 200 | <u>Fee</u> | | Fees Paid (\$) | |
| • | 300 200 | 150 100 | 500 100 | | 130 | 65 | | | |
| | 200 | 100 | 300 | | 160 | 80 | | | |
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| 2. EXCESS CLAIM FEE | S | | | | • | | | Small Entity | |
| Fee Description | • | | | | | Fe | | | |
| | iding Reis | ssues) | | | | | 50 | 25 | |
| | SS CLAIM FEES Small Entity | | | | | | | | |
| Multiple dependent claims 360 180 | | | | | | | | | |
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| <u>15</u> -20 or HP (4 | . – | × | . = | | | | Fee (\$) | Fee Paid (\$ | |
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| Indep. Claims | Extra C | | | Fee Paid (\$) | | | | | |
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| 3. APPLICATION SIZE F | - | ciainis paid for, ir great | or triair c | • | | | | | |
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| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | |
| Other (e.g., late filing surcharge): One-month extension of time (\$130); IDS Fee (\$180) | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature | wlk | VoAh | | Registration No. (Attorney/Agent) | 57,795 | Ī | Telephone | 801-532-1922 | |
| Name (Print/Type) Toda F | North | () | | [(Altomey/Agent) | · · · · · · · · · · · · · · · · · · · | | Date | | |

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